PTO/SB/06 (08-03)
Approved for use through 7/3 1/2009, OMB 0651-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD							ን ለምሮሃ	UU
Substitute for Form PTO-875								
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		ÓR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	HADABET	EXTRA	RATE	FEE	•	RATE	FEE
ASIC FEE			5	OR		,1140		
(37 CFR 1.16(8)) TOTAL CLAMS	NS 10 m		x 3.		OR.	x \$	س	
(37 CFR 1.16(c)) PROEPENDENT CLAIMS	/5 minus 20 s	-/-		x 3		OR	x \$ •	84
(37 CFR 1.16(D))						OR		
MULTIPLE DEPENDENT CLAIM PRÉSENT (37 CFR 1.18(d))				+1				CAU
* If the difference in colum	TOTAL		OR	TOTAL	700			
CLAIMS AS AMENDED - PART II								
1/80/U) Cotom 1)			SMALL E	NTITY	OR	OTHER SMALL		
111/2 4 (Column 1)	HIGHEST]	RATE	ADOF:
	AFTER	NUMBER PREVIOUSLY	PRESENT. EXTRA	RATE	ADOI- TIONAL		TANCE .	TIONAL .
W	MENDMENT MENUS	PAID FOR	·(2)		· FEE	·	× 5 =	
Total	Minus	- 27-	. 7	xse		.OR		
Ch chartrathe	9			X 5	·	ОЯ	× 3	-
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 OFR 1.16(d))				+8 =		OR	TOTAL	1
100/10				ADD'L FEE	L	OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)								
	CLAIMS :	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
E NY	AFTER	PREVIOUSLY -	EXTRA		. TIONAL FEE	1		TIONAL FILE
Logal Tried	Minus Minus	-20	0	x s=		OR	x s•	
Z Independent ·	Minus	- u	. 7	x \$=		O R	x \$	
EXSTARGES ENTATION OF MATTPLE DEPENDENT CLAIM (ST CFR 1.19(0))						OR	+3=	·
ERST PRESENTATION OF MOLITICAL OF SOCIAL				TOTAL ADOL FEE		OR.	TOTAL ADD'L FEE	(A)
1 . 15(1)(0								
06/10/09	(Cotumn 1)	(Column 2) HIGHEST	(Cotanin 3)			7	RATE	A001-
2	REMAINING AFTER	PREVIOUSLY	PRESENT EXTRA	RATE	. TIONAL	1		TIONAL
NO A	MENDMENT Minus	PAID FOR	- 00	<u> </u>	FEE	1_	x 1 =	
CO COTO LINCO			.0	x 8=	 	-l or		1-1
	Minus	4	10	×3°	 	→ OR	×	
FIRST PRESENTATION OF MAINTIPLE DEPENDENT CLAIM (ST CFR 1.18(0))				1		OR	+ s =	1 1
				ADD'L FEE		. OR	ADO'L FEE	1-65
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "2".								
"If the Professi Number Previously Paid For" IN THIS SPACE is less than 3, what "I "If the Professi Number Previously Paid For" IN THIS SPACE is less than 3, what "I The Professi Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Professi Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate poor or course 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of Information is required by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 whiteles to complete, USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 whiteles to complete, USPTO in the will vary depending upon the Individual case. Any comments including gathering, preparing, and submitting the complete deplication form to the USPTO. Time will vary depending upon the Individual case. Any comments including gathering, preparing, and submitted the sent to the Child information Officer, U.S. Palant on the appoint of time you require to complete this form ander suggestions for reducing this turned, vivident and the USPTO. ON NOT SEND FEES OR COMPLETED FORMS TO THIS and Tradeharty Commence. P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.